FEC FORM 2 (REV. 02/2009)

## 201604010200088203

## FEC FORM 2 STATEMENT OF CANDIDACY



(a) Name of Candidate (in full) Misky Kathrhe Snow    Check if address changed   Candidate's FEC Identification Number						APD				
Check if address changed   2. Candidate's FEC Identification Number   328 E Hubbard Ave.   3. fts This Statement   1. Check if address changed   2. Candidate's FEC Identification Number   328 E Hubbard Ave.   3. fts This Statement   1. Candidate   3. fts This Statement   1. Candidate   3. fts This Statement   1. Candidate   3. fts This American   3. fts This Statement   1. Candidate   3. fts This American   3. fts This Statement   1. Candidate   3. fts This American   3. fts This This American   3. fts This American   3. fts This American   3.	(a) Name of Candidate (in full)		<del> </del>				· · · · · · · · · · · · · · · · · · ·	TH (	3:47	
Salt Lake City UT 84111 Statement (N) OR (A) (A) Party Affiliation DEMOCRATIC PARTY Senate US 00  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Misty K Snow for US Senate  (b) Address (number and street)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Bignature of Candidate  Misty Kathrine Snow  Date  Date  03/29/2016	(b) Address (number and street)	☐ Check if address of	hanged		2. Candidate	e's FEC	Identific	ation N	umber	
Party Affiliation DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election(s).  NOTE: This designation should be filed with the appropriate office listed in the Instructions.  (a) Name of Committee (in full) Misty K Snow for US Senate  (b) Address (number and street) 328 E Hubbard Ave.  (c) City, State, and ZIP Code Salt Lake City  UT 84111  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) (b) Address (number and street)  (c) City, State, and ZIP Code  2  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Date  Misty Kathrine Snow  One of Condidate Misty Kathrine Snow  One of Condidate Misty Kathrine Snow	• • • • • • • • • • • • • • • • • • • •	UT	84111		1			OR		
DEMOCRATIC PARTY  Senate  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Misty K Snow for US Senate  (b) Address (number and street)  328 E Hubbard Ave.  (c) City, State, and ZIP Code  Salt Lake City  UT 84111  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reancidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Ilignature of Candidate  Missy Kathrine Snow  O3/29/2016				6. State & Distr	ict of Candida	ate				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election(s)).  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Misty K Snow for US Senate  (b) Address (number and street)  328 E Hubbard Ave.  (c) City, State, and ZIP Code  Salt Lake City  UT 84111  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy.  NOTE: This designation should be filed with the principal campaign committee.  (e) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Idignature of Candidate  Misty Kathrine Snow  O3/29/2016		· -								
NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Misty K Snow for US Senate  (b) Address (number and street) 328 E Hubbard Ave.  (c) City, State, and ZIP Code  Salt Lake City  UT  84111  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of readilidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Ignature of Candidate  1319 Atthrine Snow  Date 03/29/2016	DE	SIGNATION OF PRINC	CIPAL (	CAMPAIGN	COMMI	ITEE				
(a) Name of Committee (in full) Misty K Snow for US Senate  (b) Address (number and street) 328 E Hubbard Ave.  (c) City, State, and ZIP Code Salt Lake City UT 84111  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Ignature of Candidate (isty Kathrine Snow)  Date 03/29/2016	I hereby designate the following na	med political committee as my P	Principal Ca	ampaign Comn	nittee for the		election		on(s).	
Misty K Snow for US Senate  (b) Address (number and street) 328 E Hubbard Ave.  (c) City, State, and ZIP Code Salt Lake City  UT 84111  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Inctuding Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in fulf)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Ingulature of Candidate Alsty Kathrine Snow  Date 03/29/2016		filed with the appropriate office li	isted in the	instructions.						
(c) City, State, and ZIP Code Salt Lake City  UT 84111  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Ilignature of Candidate Misry Kathrine Snow  O3/29/2016		S Senate								
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Bignature of Candidate  Misty Kathrine Snow  Date  03/29/2016	• •									
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of recardidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Ingrature of Candidate  Aisty Kathrine Snow  Date  03/29/2016	(c) City, State, and ZIP Code					···-				
(Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of recardidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Ignature of Candidate  Aisty Kathrine Snow  Date  03/29/2016	Salt Lake City			UT	84111					
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Misty Kathrine Snow  Date  03/29/2016	candidacy.		·							
(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Misty Kathrine Snow  Date  03/29/2016	NOTE: This designation should be	filed with the principal campaign	n committe	e.	,	,				
(c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Ilignature of Candidate  Misty Kathrine Snow  Date  03/29/2016	(a) Name of Committee (in full)									
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Misty Kathrine Snow  Date  03/29/2016	(b) Address (number and street)			. <u> </u>		<del></del>				
lignature of Candidate  Aisty Kathrine Snow  03/29/2016	(c) City, State, and ZIP Code									
Misty Kathrine Snow 03/29/2016	I certify that I have ex	amined this Statement and to th	e best of r	ny knowledge a	and belief it is	true, coi	rect an	d compl	lete.	
Aisty Kathrine Snow 03/29/2016	ignature of Candidate			<del></del>	Date					
IOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	~				03/29/20	16				
	IOTE: Submission of false, erroneou	is, or incomplete information may	y subject t	ne person signi	ng this Stater	ment to p	enaltie	s of 2 U.	S.C. §4:	37g.

STY, - - - STY, LAKE CSTY, Utah 84111

Salt_Lake	
F 2016 AM	

OFFICE of Public Records

P.O. BOX 77578

SCREENED Washington D.C. 20013-7578

K, MACCALLUM
PERINTENDENT
NATE OFFICE BUILDING
SUITE 23:
THE 7051C-

PHI

7051E-(24-032)

## United States Senate

OFFICE OF THE SECREFARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:
HAND DELIVERED
USPS FIRST CLASS MAIL  Date of Receipt  Date of Receipt  Postmark
USPS REGISTERED/CERTIFIED
USPS PRIORITY MAIL Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAIL Postmark
OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS
UPS
DHL
AIRBORNE EXPRESS
RECEIVED FROM FEDERAL ELECTION COMMISSION
POSTMARK ILLEGIBLE POSTMARK
FAX
Date of Receipt
OTHER Date of Receipt or Postmark
PREPARER DATE PREPARED



SEN PATCH



SEN PATCH